



Application for Inclusion on Pesticide Notification Registry

DEP USE ONLY

Date Received: _____

Registry Year: _____

Existing Registration Number: _____

Print or type unless otherwise noted. Retain a copy for your records. This form must be returned to the Department of Environmental Protection by December 31 in order to be included in the Registry for the following year.

Part I. Registrant Information (Person wishing to receive notification)

1. Name and Address of Registrant:		
Name:		
Street Address:		
City/Town:	State:	Zip Code:
Phone:	ext.	
Best Time to Call:		

Part II. Abutter(s) Information (Neighbor's property touching yours, who may have pesticide treatment)

Name of Abutter:		
Street Address:	Phone:	
City/Town:	State:	Zip Code:
Name of Abutter:		
Street Address:	Phone:	
City/Town:	State:	Zip Code:
Name of Abutter:		
Street Address:	Phone:	
City/Town:	State:	Zip Code:
Name of Abutter:		
Street Address:	Phone:	
City/Town:	State:	Zip Code:

Mail completed Registry Form to:

ATTN: REGISTRY
WASTE MANAGEMENT BUREAU/PESTICIDE PROGRAM
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127